

ASSOCIATION	
LEAGUE	NYFCL
TEAM NAME	
TEAM COLORS	

NIITTANY YOUTH FOOTBALL AND CHEER LEAGUE

SEASON	2009
DIVISION	

CHEERLEADING TEAM ROSTER

STAFF INFORMATION										
STAFF	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE	E-MAIL ADDRESS	CLINIC	BGC
HEAD COACH					PA					
ASST COACH					PA					
ASST COACH					PA					
ASST COACH					PA					
ASST COACH					PA					
COACH TRAINEE					PA					
TRAINER					PA					
					PA					
TEAM PARENT					PA					
TEAM PARENT					PA					

PARTICIPANT INFORMATION											
	D/A/C/NC	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE	DOB	GRADE	EXPERIENCE
1						PA					
2						PA					
3						PA					
4						PA					
5						PA					
6						PA					
7						PA					
8						PA					
9						PA					
10						PA					
11						PA					
12						PA					
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28						PA					
29						PA					
30						PA					
31						PA					
32						PA					
33						PA					
34						PA					
35						PA					

CERTIFICATION : All information herein has been personally checked and is true to the best of our information and belief.

SIGNATURE OF ASSOCIATION OFFICIAL: _____
SIGNATURE OF LEAGUE OFFICIAL: _____

DATE: _____
DATE: _____